



MILWAUKEE COUNTY

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

PROJECT PROPOSAL FOR 2013 CDBG FUNDS

I. APPLICATION SUMMARY

ORGANIZATION NAME			
MAILING ADDRESS If P.O. Box, include Street Address on second line			
TELEPHONE		LEGAL STATUS	
FAX NUMBER		<input type="checkbox"/> Municipality	
NAME CHIEF ADMIN/ CONTACT		<input type="checkbox"/> Private, Non-Profit	
INTERNET WEBSITE (if applicable)		<input type="checkbox"/> Private, For Profit	
E-MAIL ADDRESS		<input type="checkbox"/> Other: LLC, LLP, Sole Proprietor	
		Federal EIN: _____	
		DUNS Number: _____	

PROJECT NAME: Please list the project for which you are applying.

PROJECT NAME	PROJECT CONTACT PERSON	PHONE NUMBER	E-MAIL

FUNDS REQUESTED: Please list the amount and source of funding for which you are applying.

AMOUNT OF CDBG FUNDS REQUESTED	TOTAL PROJECT COST	PERCENT OF CDBG FUNDS TO TOTAL PROJECT COST
\$	\$	\$

Signature of Chief Elected Official/Organization Head

Title

Printed Name

Date

FOR OFFICE USE ONLY

RECEPTION RECORD

INITIAL

II. PROJECT INFORMATION

A. PROJECT TYPE: Check the appropriate statement below that best describes the service to be offered as part of this application.

- ☐ 1. Economic Development
- ☐ 2. Minor Home Repair
- ☐ 3. Home Buyer Counseling
- ☐ 4. Fair Housing Education and Outreach
- ☐ 5. Public Service
- ☐ 6. Public Facilities Improvements
- ☐ 7. Other, specify:

B. PROJECT DESCRIPTION: Provide a description of the project. Include information on any partnerships that have been or will be formed in order to ensure the success of the project. Include information on what will be accomplished in 2013.

C. NEEDS STATEMENT

Describe the need(s) which your proposed project is designed to address. Be sure to cite outside data sources to support your case. The information presented should be sufficient to justify your proposed project.

D. GEOGRAPHIC SERVICE AREA: Provide a brief description of the location(s) where the project or services will take place. Maps may be included as separate attachments. If the activity is site specific, provide the street address of the activity or some other readily recognizable description. If the activity is a service provide the address of the site or sites from which the service will be provided.

E. PROJECT SERVICE AREA: Describe the service area of the project. You may use street boundaries, census tract information, or other recognizable boundaries of the service area. A service area may differ substantially from the project's specific location as reported above. A service area is where project beneficiaries come from or where residents using a facility live. If a proposed project will provide a service that is available to residents throughout Milwaukee County simply state that the project is County-wide.

F. PROJECT PARTNERS: Describe any partnerships between the applicant and other organizations to implement the project. Partnerships may also include local municipalities located within the Milwaukee County CDBG jurisdiction.

G. NATIONAL OBJECTIVE: Provide a full explanation of how the proposed activity meets a HUD National Objective, as described in the Request for Proposal.

H. PROPOSAL BENEFICIARIES

Projected total beneficiaries: (persons or households)

Persons _____ (or)

Households _____

Projected percentage of total beneficiaries that meet low and moderate income limits (See Table 1 on page 2g):

(persons or households)

% **Persons** _____ (or)

% **Households** _____

Fill out Section D below only if your activity exclusively serves one of the listed presumed clientele groups (enter numbers proposed to be served):

- ☐ 1. Abused Children
- ☐ 2. Battered Spouses
- ☐ 3. Elderly (over 65 years)
- ☐ 4. Severely Disabled Adults (according to HUD definition)
- ☐ 5. Homeless
- ☐ 6. Illiterate Adults
- ☐ 7. Migrant Farm Workers
- ☐ 8. Persons Living w/Aids

NOTE: Funded projects shall submit *actual* beneficiary data.

I. PROPOSAL ACTIVITY OBJECTIVES

On the lines below list, specifically and concisely, the objectives of the proposed activity, providing a cost to accomplish each objective.

Total costs for all objectives must equal the total application funding request specified on the application summary (first page).

Quantify activity objectives to the greatest extent possible. (Examples: "Install 1200 lineal feet of 18 inch sewer pipe"; "construct 26 individual curb ramps"; "rehabilitate a 50,000 square foot structure"; "install new windows and hot air furnace in an existing structure"; "create 4 new jobs by constructing a 4,000 square foot addition to an existing facility"; "conduct a study of weekend facility use by the elderly".) **If more than one objective is listed, the objectives should be in priority order.**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL REQUEST	\$ _____

- J. WORK PLAN WITH TIMELINE AND MILESTONES:** In the space below, provide a work plan for how the project will be organized, implemented, and administered. Include a timeline and accomplishments from initiation through project completion. This should assume that contracts will be awarded in the second quarter of 2013 (April 1 – June 30, 2013). Add in extra quarters as needed.

ON OR BEFORE	ACCOMPLISHMENTS
June 30, 2013	
September 30, 2013	
December 31, 2013	

K. HANDICAPPED ACCESSIBILITY

The Federal government requires that no qualified individual with handicaps shall, because a facility is inaccessible to or unusable by individuals with handicaps, be denied the benefits of, be excluded from participation in, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance. *Describe how your facility and/or program either currently complies with this requirement or will be made to comply.*

L. DETAILED PROJECT BUDGET – 2013

If applying for funds for program related expenses, detail the budget for the program in the table below.

Uses Line Item	Total Activity Budget	CDBG-Funded Activity Costs	Funding Source:	Funding Source:
A. Personnel				
Salaries				
Taxes				
Benefits				
Subtotal Personnel				
B. Operating				
Insurance				
Professional Fees				
Audit				
Data Processing				
Postage, Office, and Supplies				
Equipment/Furnishings				
Depreciation				
Telephone				
Training/Conference				
Food/Household Supplies				
Auto Allowance				
Vehicle Costs				
Other:				
Subtotal Operating				
C. Space				
Rent				
Utilities				
Maintenance				
Mortgage Interest, Depreciation				
Property Taxes				
Subtotal Space				
D. Other Activity Costs				
Assistance to Individuals				
Other:				
Subtotal Special Costs				
TOTAL				

CONSTRUCTION PROJECTS

M. DATE BUILDING ORIGINALLY CONSTRUCTED _____

If your proposed project requests funds for facility renovation and/or rehabilitation, the original construction date must be provided on the line above.

N. BUILDING OWNERSHIP

If your proposed project requests funds for facility renovation and/or rehabilitation, indicate below the address of the property and indicate with a check mark whether your agency owns or leases the property.

Address: _____

Agency Owns Property: _____
Agency Leases Property: _____

If your agency leases the property please identify the building owner by name and address and attach a copy of the lease.

O. MBE/WBE PARTICIPATION

The County has adopted a policy requiring every CDBG-funded construction project to expend 20% of the grant award for minority-owned businesses and 5% on women-owned businesses. This can be achieved through sub-contractors, or the purchase of services or supplies. If your proposed project involves construction, explain how you will meet this requirement.

P. LEVERAGE

Based on the Revenue Plan for the proposed activity, describe the degree to which the project is leveraging Milwaukee County CDBG funds with other funds. If Milwaukee County CDBG funds is more than 25% of the total Project Budget, what is being done to raise additional funds from other sources?

Q. BUDGET: CAPITAL PROJECTS

For Capital projects, provide a detailed budget for the proposed project (additional project budget information may be requested). Include the following components in the detail budget:

Acquisition of land or structures	\$
Capital Equipment	\$
Soft Costs	\$
Construction or rehabilitation	\$
TOTAL PROJECT COSTS	\$

III. AGENCY INFORMATION

A. APPLICANT MISSION STATEMENT

Describe your agency's goals and objectives, as stated in Articles of Incorporation or in practice. Include a description of your agency's overall programs, its primary target population(s), and the desired outcomes for your clients.

B. APPLICANT HISTORY

Provide a brief history of your agency, including major accomplishments and experience in meeting the goals and objectives stated above. **Specifically include the number of years your agency has been in operation.**

C. AGENCY EXPERIENCE AND QUALIFICATIONS: Describe the experience and qualifications of your agency related to the proposed project or program. If your agency has received HUD CDBG funds in the past from Milwaukee County, please mention the specific program, year or award and dollar amount of award.

D. STAFF EXPERIENCE AND QUALIFICATIONS: Describe the experience and qualifications of key staff related to the proposed project or program. Be sure to attach resumes for key staff to the application.

E. PERSONNEL SCHEDULE

Please complete the Personnel Schedule for all staff who will be assigned to this project.

- Column 1) each individual staff position by title.
- Columns 2) indicate the full time equivalent (FTE) of each position in the noted year.
- Column 3) indicate the estimated total salary for that staff position for noted year.
- Column 4) indicate the estimated number of hours that this staff position will work on this project.
- Column 5), for each staff position whose time will be charged to this project, please indicate the amount of funds being requested for this individual through the CDBG Program. Do not include payroll taxes or benefits in this table.

	2013 ESTIMATED		CDBG-FUNDED	
1) POSITION TITLE	2) FTE	3) TOTAL SALARY	4) ESTIMATED HOURS ON THIS PROJECT	5) CDBG – FUNDED AMOUNT OF SALARY

F. AGENCY GOVERNING BODY: Please list your current Board of Directors or your agency's governing body. Include names, addresses, primary occupation and board office held. If you have more members, please copy this page.

Board President's Name Home Address Occupation Representing Term of Office: From __ To __		Board Vice-President's Name Home Address Occupation Representing Term of Office: From __ To __	
Board Secretary's Name Home Address Occupation Representing Term of Office: From __ To __		Board Treasurer's Name Home Address Occupation Representing Term of Office: From __ To __	
Name Home Address Occupation Representing Term of Office: From __ To __		Name Home Address Occupation Representing Term of Office: From __ To __	
Name Home Address Occupation Representing Term of Office: From __ To __		Name Home Address Occupation Representing Term of Office: From __ To __	
Name Home Address Occupation Representing Term of Office: From __ To __		Name Home Address Occupation Representing Term of Office: From __ To __	

IV. PROGRAM BUDGET AND OTHER FUNDS

- A. DETAILED PROJECT BUDGET:** Following the description of allowable costs that may be charged to the CDBG Program are the Project Budget for 2013. Complete the budget identifying the amount and source of all funds and their uses. Use additional pages as necessary. An Excel file may be submitted in lieu of this Project Budget provided that it contains all of the same column and row headers.

CDBG Allowable Activity Costs

Item	Activity Related Costs
a. Activity Hard Costs	
<p>These are detailed in the program standards and defined under 24 CFR 570.201, 202, 203, and 204. Depending on the activity this may include: acquisition; disposition; clearance and remediation activities; acquisition, construction, reconstruction, rehabilitation, or installation of public facilities and improvements; public services; homeownership assistance; economic development, etc.</p> <p>1.</p>	X
b. Activity Personnel Costs	
<p>Staff and overhead costs DIRECTLY related to carrying out the activity specified in 24 CFR 570.201-204, such as providing direct services to consumers, work specifications preparation, loan processing inspections, and other services related to assisting potential clients, owners, tenants, and homebuyers. This may include staff time spent supervising staff who are carrying out the activities specified in 24 CFR 570.201-204 when that time is spent addressing a direct consumer, service, or property issue. It does not include supervisory time spent on such functions as employee evaluations.</p> <p>2.</p>	X
c. Related Soft Costs/Operating Costs	
<p>PUBLIC SERVICES ONLY: Operating and maintenance expenses associated with public service activities, interim assistance, and office space for program staff employed in carrying out the CDBG program.¹ 24 CFR 570.207 (b) (2)</p> <p>3.</p>	X
<p>4. Architectural, engineering, or related professional services required to prepare plans, drawings, specifications, or work write-ups.</p>	X
<p>5. Costs to process and settle the financing for a project, such a private lender origination fees, credit reports, fees for title evidence, fees for recordation and filing of legal documents, building permits, attorney's fees, private appraisal fees, and fees for an independent cost estimate, builders or developers fees.</p>	X
<p>6. Costs of a project audit</p>	X
<p>7. Costs to provide activity related information services, such as affirmative marketing and fair housing information to prospective homeowners and tenants.</p>	X
<p>8. Impact fees that are charged to all projects within Dane County.</p>	X
<p>9. Environmental Reviews.</p>	X
d Relocation costs for persons displaced by the project.	
<p>10. Relocation payments – replacement housing payments, moving expenses, and payments for reasonable out-of-pocket costs incurred in the relocation of persons.</p>	X
<p>11. Other relocation assistance – staff and overhead costs directly related to providing advisory and other relocation services to persons displaced by the project, including timely written notices to occupants, referrals to comparable and suitable replacement property, property inspections, counseling, and other assistance necessary to minimize hardship assistance.</p>	X

¹ For example the use of CDBG funds to pay the allocable costs of operating and maintaining a facility used in providing a public service would be eligible under 570.201 (e), even if no other costs of providing such a service are assisted with such funds. 24 CFR 570.207 (b) (2).

FORM 2: PROPOSED USE OF FUNDS

SCHEDULE 1A: STAFF POSITIONS AND PAYROLL COSTS

1	2	3	4	5	6
No. of Positions		Position Title	Avg. Annual Salary	%	Cost to Project
New	Existing				

Fringe benefits can include Social Security tax (employer's share), pension, employer's share of employee's annuity payments, workmen's compensation, and health, life, and unemployment insurance

TOTAL:

- Salaries
- Fringe benefit costs
- TOTAL SALARY & FRINGE BENEFITS

\$ _____
\$ _____
\$ _____

SCHEDULE 1B: SUPPORT COSTS

LINE ITEMS

- Rent
- Maintenance service
- Telephone/telecommunications
- Office material/supplies
- Postage
- Duplicating/printing
- Books/periodicals
- Mileage (_____ miles @ \$._____ mile)
- _____
- _____

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

EXPLAINED/IDENTIFIED ITEMS (Describe Each)

- Office furniture/business equipment

\$ _____

- Travel

\$ _____

- TOTAL SUPPORT COSTS

\$ _____

SCHEDULE 1C: CONSULTANT COSTS (Describe Each)

- Accounting/audit services
- Architectural/engineering services
- Legal services
- Other professional services or consultants
- TOTAL CONSULTANT COSTS

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

SCHEDULE 1D: CAPITAL COSTS (Describe Each)

- Acquisition of land or structures
- Capital Equipment
- Construction or rehabilitation
- TOTAL CAPITAL COSTS

\$ _____
\$ _____
\$ _____
\$ _____

INSTRUCTIONS FOR COMPLETION

FORM 2: PROPOSED USE OF FUNDS

SCHEDULE 1A:

All information reported on this schedule concerning staffing should include only costs to be charged to the County Community Development Block Grant.

Number of Positions (Cols. 1 and 2) - Indicate the number of positions by position title, and whether the position will be newly created (new) with the requested funds or whether the position exists now (existing) and will be funded with requested Community Development funds.

Position Title (Col. 3) - Use titles common to your organization.

Average Annual Salary (Col. 4) - Indicate what the annual salary for each position listed is, regardless of the duration of the proposed project.

Percent Effort (Col. 5) - Indicate the percentage of time during the program year that will be spent on this project by persons filling the positions listed. This percentage should relate only to the time that will be charged to County Community Development funding. Example - If the Executive Director of your organization will spend 10% of his or her time on this project, and the full 10% will be charged to County Community Development, then 10% should be entered in Col. 5. If the total number of persons in a single position title is more than one, then the percentage of effort should be the total for all persons with that position title. Example - If in Col. 2 you listed 2 persons filling the position of housing counselor, and each was to work on the project full time, then the proper entry in Col. 5 is 200%.

Cost to Project (Col. 6) - Multiply Col. 4, Average Annual Salary, by Col. 5, Percent Effort, to arrive at the total costs to the project for its one year period of operation.

Line 1 (Salaries) - This figure should be the total of costs reported in Cost to Project (Col. 6).

Line 2 (Fringe benefit costs) - This figure should include all normal fringe benefits paid by the employer on behalf of the employees, that are not otherwise included in the staff salary cost.

SCHEDULES 1B, 1C, and 1D:

Once again, all costs reported for items on these schedules should include only those to be charged to the County Community Development Block Grant. Questions about specific items listed in the schedules should be addressed to program staff.

MILWAUKEE COUNTY COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM APPLICATION

FORM 3: SCHEDULE OF PERFORMANCE

APPLICATION TITLE: _____

APPLICATION SPONSOR: _____

ACTIVITY: _____

IF CLIENTELE ORIENTED , ACTIVITY SERVES _____ PERSONS *or*
_____ HOUSEHOLDS

ACTIVITY PHASES:	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	PROJECTED TOTAL BENEFICIARIES
PREPARATION													
IMPLEMENTATION													
GRAND TOTAL PROJECTED BENEFICIARIES													

MILWAUKEE COUNTY COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
APPLICATION FOR FUNDING FOR PROGRAM YEAR 2013

MILWAUKEE COUNTY COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM APPLICATION

INSTRUCTIONS FOR COMPLETION
FORM 3: SCHEDULE OF PERFORMANCE

APPLICATION SPONSOR: From Page 1 of this Application

APPLICATION TITLE: From Page 1 of this Application

ACTIVITY: From Page 6, Item #11 of this Application.
For each activity listed in Item #11, fill out a separate FORM 3 according to the instructions below.

TYPE OF SCHEDULE:

- TIMELINE Activities which have a TIMELINE should project date ranges of activity and/or non-client based activity goals. Date ranges are indicated by arrows across the appropriate months. Non-client goals are to be numerically designated. (Examples of non-client based goals would be 1) a number of workshops to be held during a year when the number of individual participants could not be determined, or 2) publication of a periodic newsletter when a number of each issue is distributed).
- CLIENTELE Activities which are based on CLIENTELE served should project the number of clients to be served during each month of the program year. Clients should not be counted more than once if they are to receive service on a continuing basis throughout the program year.

Activities which have both TIMELINE and CLIENTELE aspects to them are hybrids of the above descriptions. Each phase of such an activity should be filled out according to whether it is TIMELINE oriented or CLIENTELE oriented.

IF CLIENTELE:

- PERSONS Indicate, by a check mark, if persons are served, or
- HOUSEHOLDS Indicate, by a check mark, if households are served.

ACTIVITY PHASES Use only the phases appropriate for the activity. Describe what will take place in the left hand phase title box. DO NOT INCLUDE SCHEDULES FOR PHASES NOT PAID FOR WITH COUNTY CDBG FUNDS. Continuing activities may need only the IMPLEMENTATION phase. Examples:

PREPARATION May include design and work plan preparation, surveys, or client identification.

IMPLEMENTATION May include bidding and contract awards, initial outreach, or equipment purchasing, activity's principal accomplishment(s), and project completion.

TOTAL BENEFICIARIES For CLIENTELE activities, sum the total of the monthly projected clients in the far right hand column.

MILWAUKEE COUNTY COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
APPLICATION FOR FUNDING FOR PROGRAM YEAR 2013

R. FORM 4: REVENUE PLAN

<u>ADDITIONAL SOURCES OF FUNDS FOR PROPOSED PROJECT</u>	<u>APPLIED FOR</u>	<u>SECURED</u>
Milwaukee County CDBG	\$	\$ -0-
Other Milwaukee County Funds (Identify department)	\$	\$
Other Federal Funds (Identify agency)	\$	\$
State Funds (Identify agency)	\$	\$
Local Government Funds (Identify specific source)	\$	\$
Foundation Grants (Identify foundation(s))	\$	\$
Other Revenue Sources	\$	\$
1.	\$	\$
2.	\$	\$
3.	\$	\$
Total Project Budget	\$	\$

SPONSOR'S PROJECTED FUNDING FOR ENTIRE AGENCY, FROM ALL SOURCES

2013

Milwaukee County CDBG (same as above)	\$
Milwaukee County Funds (Identify)	\$
Other Federal Funds (Identify agency)	\$
State Funds (Identify agency)	\$
Local Government Funds (Identify specific source)	\$
Foundation Grant (Identify foundations)	\$
Other Revenue Sources	\$
1.	\$
2.	\$
3.	\$
Total Agency Budget	\$

MILWAUKEE COUNTY COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
APPLICATION FOR FUNDING FOR PROGRAM YEAR 2013

FORM 5: SPONSOR PROFILE

NAME: _____

MAILING ADDRESS: _____

CHECK IF: _____ NON-PROFIT ORGANIZATION

_____ FOR-PROFIT ORGANIZATION

DATE OF INCORPORATION, IF INCORPORATED: _____

PRINCIPAL OFFICES LOCATED AT: _____

CHECK IF: _____ PRINCIPAL OFFICES ARE OWNED

_____ EXEMPT FROM PROPERTY TAXES

_____ PRINCIPAL OFFICES ARE LEASED

(Identify the building owner by name and address):

DEPOSITORY INSTITUTION HANDLING FINANCIAL ACCOUNTS:

FINANCIAL ACCOUNTING AND AUDITS

(Describe who does financial accounting (in-house or contracted); how often independent audits are conducted):

SPONSOR'S TOTAL EMPLOYEES:

MANAGERIAL/PROFESSIONAL _____

CLERICAL/OFFICE _____

TASK EMPLOYEES _____

EXECUTIVE DIRECTOR'S NAME: _____

IN THIS POSITION SINCE: _____

SPONSOR'S INTERNAL REVENUE SERVICE EMPLOYEE IDENTIFICATION NUMBER: 39 -

SPONSOR'S D-U-N-S NUMBER: _____

A DUNS number is now a requirement for any business that receives CDBG funds. If you do not have one, you can register online at <http://fedgov.dnb.com/webform> or call 866-705-5711 to receive your number. This process takes approximately ten minutes. DUNS Number assignment is FREE for all businesses required to register with the U.S. Federal government for contracts or grants.

MILWAUKEE COUNTY COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

APPLICATION FOR FUNDING FOR PROGRAM YEAR 2013

FORM 6: CERTIFICATIONS

(Submit one copy with original signatures)

I, _____
(chief elected officer of Board of Directors)

(title)

of _____
(organization)

do hereby attest to and certify the following:

1. The Application described in this document has been considered by the Board of Directors of this organization, and the Board, in a meeting of its quorum on _____, authorized, by a majority vote, the submission of this Application to the Milwaukee County Community Development Block Grant Program.
2. The Board of Directors has authorized this organization to accept any funds granted by the County for this Application, and to implement the purposes of this Application it is herein described.
3. The Board of Directors has been informed of, and recognizes that this Application shall be operated in accordance with, all relevant Federal, State, County and municipal legislation, codes, ordinances, or other controlling regulations, and furthermore, the Board recognizes and accepts whatever directions the County makes to ensure compliance with these.
4. The Board of Directors of this organization has considered and recognizes that the primary objective of the Community Development Block Grant Program is the development of viable urban communities, by providing decent housing and a suitable living environment and expanding economic opportunities, principally for persons of low- and moderate-income. The Board of Directors shall ensure that this Application, if accepted, shall be implemented consistent with this objective.
5. This organization has the administrative capacity, financial accounting capability, and legal authority to carry out the Application.

Signed _____
Name

Date

ACKNOWLEDGMENT

STATE OF WISCONSIN)
) ss.
_____ County)

Personally came before me this ____ day of _____, 20____, the above named _____ to me known to be the person who executed the foregoing instrument and acknowledge the same.

Notary Public _____ County, WI
My commission is permanent. (If not:
Expiration date: _____, 20

MILWAUKEE COUNTY COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
APPLICATION FOR FUNDING FOR PROGRAM YEAR 2013

FORM 7: SUBMISSIONS

Sponsors other than agencies of Milwaukee County or other offices of government MUST SUBMIT THE FOLLOWING WITH THIS APPLICATION:

1. One copy of the Sponsor's current Articles of Incorporation and By-Laws (If your organization has submitted these to Milwaukee County Community Development Program in a previous year, and they have not changed, it is not necessary to resubmit them at this time).
2. A list of the current Board of Directors including name, address, and identification of officers.
3. One copy of the Sponsor's most recent audited financial statement.